



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ALBUQUERQUE AREA INDIAN HEALTH SERVICE**



The Albuquerque Area Indian Health Service defines its mission as a commitment to the well being and cultural integrity of Indian people through a participatory and consultative process.

THE ALBUQUERQUE AREA INDIAN HEALTH SERVICE IS A "SMOKE-FREE" ENVIRONMENT

**Long-Term Training- Orthodontics Dentist**

|                                               |                                   |                |
|-----------------------------------------------|-----------------------------------|----------------|
| VACANCY ANNOUNCEMENT NO.                      | OPENING DATE                      | CLOSING DATE   |
| SER-06-0141-AAO                               | 09-07-06                          | 10-06-06 (COB) |
| POSITION TITLE, SERIES, GRADE AND SALARY      | LOCATION AND DUTY STATION         |                |
| Dental Officer (Orthodontics)                 | Albuquerque Indian Health Service |                |
| GS-0680-12, \$79,345 - \$95,950 per annum     | Dental Clinic                     |                |
|                                               | Albuquerque, NM                   |                |
| Special Salary Rates Authorized Under 5 USC   |                                   |                |
| 5303                                          |                                   |                |
| AREA OF CONSIDERATION: IHS-wide               |                                   |                |
| RELOCATION: Relocation expenses will be paid. |                                   |                |

The Albuquerque IHS Dental Clinic will sponsor one (1) Indian Health Service dentist for long-term training in orthodontics. The intent of this process is to supply the Albuquerque Dental program with an orthodontist who will serve in a service unit and Area specialist capacity regarding community and clinical program development, staff development, policy formulation, consultation, care delivery, and operating room services in one or more of the IHS hospitals. After completion of this training, this dentist will be stationed at the Albuquerque IHS Dental Clinic.

This is a solicitation of applications for the orthodontics training cycle, which begins in July of 2007. In order to apply, individuals must possess all of the following minimum requirements:

- 1) Must be a licensed IHS dentist
- 2) Must have completed at least two years of IHS service at the initiation of training
- 3) Must possess an acceptable rating for the last two performance appraisals

**RATING CRITERIA**

**1. CUMULATIVE DENTAL SCHOOL CLASS RANK (percentile)**

76-100% = 4 POINTS  
51-75% = 3 POINTS  
26-50% = 2 POINTS  
0-25% = 0 POINTS

## **2. PERFORMANCE APPRAISAL RATINGS**

### **COER Scores (Commissioned Officers)**

E+ (95-100) = 4 points

E (90-95) = 3 points

D+ (86-90) = 2 points

D (80-85) = 1 point

C or below = 0 points

### **PAS Appraisals (Civil Servants)**

Pass with Outstanding comments = 4 points

Pass with Very good comments = 3 points

Pass with Good comments = 2 points

Pass with No comments = 1 point

Fail = 0 points

## **3. YEARS OF SERVICE**

2 Years 0 points

3-5 Years 2 points

6-10 Years 4 points

11-13 Years 2 points

## **4. CURRENT BILLET/POSITION**

Staff Dental Officer 1 point

Advanced Staff Dental Officer 1 point

Chief Basic Dental Unit, Solo 2 points

Chief Basic Dental Unit Satellite 2 points

Chief SUDP General 3 points

Deputy Chief SUDP 3 points

Chief, SUDP Complex 4 points

## **5. SUBJECTIVE CRITERIA/PROFESSIONAL REFERENCES**

The three professional references submitted by the applicant will be reviewed by the ranking committee and rated. Committee will take into account source of reference, period of time reference has known applicant and overall suitability for training position. Zero to four points to be awarded.

## **6. SUBJECTIVE CRITERIA/APPLICANT'S NARRATIVE AND CV**

The applicant will submit a typed curriculum vitae and a narrative describing the reasons for seeking training in orthodontics dentistry, including a statement of short-term and long-term career interests and goals. The narrative should also include the applicant's experience in the practice of orthodontics dentistry, how the training will augment current dental skills and how new skills could be applied at the Albuquerque Dental Clinic. Zero to eight points to be awarded.

## **APPLICATION MATERIALS:**

Please submit the following application materials by October 6, 2006 (COB) to:

**ATTN: SER-06-0141-AAO**

**Albuquerque Area Indian Health Service**

**Division of Human Resources**

**5300 Homestead Road, NE**

**Albuquerque, NM 87110**

**Phone: (505) 248-4739**

**Fax: (505) 248-4744**

### **Commissioned Corps Applicants**

- A. Completed PHS form 1122-1 (Signed by supervisor and Area Dental Officer)
- B. Attachment C (PHS Extramural Training Agreement)
- C. Albuquerque Dental Clinic Long-Term Training Agreement
- D. Three (3) letters of recommendation
- E. Narrative Statement (as described above)
- F. Copy of 2004 and 2005 COERs
- G. Final Transcripts and Documentation from Dental School indicating Class Rank
- H. Resume or Curriculum Vitae
- I. Child Care and Indian Child Care Worker Certification Form

### **Civil Service Applicants**

- A. HHS-350 (Section A completed and signed by supervisor, section D signed by Area Dental Officer)
- B. Employee's Agreement to Continue in Service (Back of HHS 350, Part I)
- C. Albuquerque Dental Clinic Long Term Training Agreement
- D. Three Letters of Recommendation
- E. Narrative Statement (as described above)
- F. Copy of 2004 and 2005 PAS
- G. Final Transcripts and Documentation from Dental School Indicating Class Rank
- H. Curriculum Vitae
- I. Child Care and Indian Child Care Worker Certification Form

## **EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE AT ALBUQUERQUE DENTAL CLINIC**

Note: This agreement must be signed by the nominee for all non-government (extramural) training that exceeds 120 hours and for which the government provides payment of training and salary costs. Additionally, according to IHS Circular 99-03 "*A continue-in-service agreement is required of all employees in long-term training. The IHS will take all available means at its disposal to collect funds due the government in the event of default of the service obligation.*"

1. I agree that upon completion of the Government sponsored training, that if I receive salary covering the training period, I will serve at the Albuquerque Dental Clinic two times the length of the length of the training period (for Commissioned Officers) or three times the length of the training (for Civil Servants).
2. If I leave the service of the Albuquerque Dental Clinic before completing the obligation period, I agree to reimburse, Albuquerque Dental Clinic the training-related fees paid in connection with my long-term training.
3. If I leave the service of IHS or HHS prior to completion of the obligation period, I agree to pay the penalties already agreed-to in the "Extramural Training Agreement" (Attachment C of PHS Circular 356).
4. I understand that any amounts which may be due HHS as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods that may be approved by law.
5. I further agree to obtain approval from my organization's training officer and that person responsible for authorizing non-Government Training Requests of any proposed change in my training program involving course and schedule changes, withdrawals or incompletions and increased costs.
6. I fully understand that this agreement does not in any way commit the government to continue my employment.

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Date Signed

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Signature

**Addendum to Declaration for Federal Employment (OF 306)**  
**Indian Health Service**  
**Child Care & Indian Child Care Worker Positions**

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**Item 15a. Agency Specific Questions**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**(Please print)**

**Job Title in Announcement:** \_\_\_\_\_ **Announcement Number:** \_\_\_\_\_

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

1) Have you ever been arrested for or charged with a crime involving a child? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children? YES \_\_\_\_\_ NO \_\_\_\_\_

*[If AYES@, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
**Applicants Signature (sign in ink) Date**

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3)), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**